Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0480062	CRYSTAL LAKE SCHOOL				NTNC	275	L	GW
Local Address (where applicable)		Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
59 SOUTH ROA	D	Connections			2			

Towns Served:			
Monitoring I	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 0060	0)		
Asbestos (1094)		1 routine	(RT) per nine years
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
Select from Inventory of Active Sampling Points	1/1/11 - 12/31/19		
	1/1/20 - 12/31/28		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Lead And Copper (PBCU)		10 routine	(RT) per six months
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
Select from Inventory of Active Sampling Points	7/1/18 - 12/31/18		Complete
	1/1/19 - 6/30/19		
	7/1/19 - 12/31/19		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Water System Facility: ENTRY POINT - WELLS 1, 2, & 3 (WSF I	D: 00701)		
Dibromochloropropane (DBCP) (2931)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
EP - WELLS 1, 2, & 3 (3)	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Inorganic Chemicals (IOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
EP - WELLS 1, 2, & 3 (3)	1/1/17 - 12/31/19		Complete
	1/1/20 - 12/31/22		
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
EP - WELLS 1, 2, & 3 (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		
Pesticides, Herbicides and PCBs - Phase II & V (SOCS)		1	(RT) per three years
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
EP - WELLS 1, 2, & 3 (3)	1/1/17 - 12/31/19	1/1-12/31	Waiver
Organic Chemicals (VOCS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)			

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#### Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule **PWS ID PWS Name** Classification | Population | Owner Type | Primary Source CRYSTAL LAKE SCHOOL 275 L GW CT0480062 NTNC Local Address (where applicable) Residential Commercial Service Industrial Combined Agricultural Connections 59 SOUTH ROAD 2 Towns Served

TOWITS SELVEG.
Monitoring Requirements
Water System Facility: ENTRY POINT - WELLS 1, 2, & 3 (WSF ID: 00701)
Organic Chemicals (VOCS) 1 routine (RT) per quarte
Sampling Point (Sampling Point ID)  Monitoring Poriod Collection Period Compliance Status

Organic Chemicals (VOCS)		1 routi	ne (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period (	Collection Period	<b>Compliance Status</b>
EP - WELLS 1, 2, & 3 (3)	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

## Monthly Water System Facility (WSF) Level Monitoring Requirements

Water System Facility:	ENTRY POINT - WELLS 1, 2, & 3 (WSFID: 007	01)
A 1 1	24 to 1 D 1 1/6 = 1	0 1: 1: ::

Analyte	Monitoring Requirement (Summary Ty	ype)	Operating Limit		Samples Req/Month
рН	Entry Point pH Monitoring (PHRD)		Minimum: 7.7	PH	Daily
<b>Start Date:</b> 7/1/2018		Compliance	History:	Operating Limit	Monitoring
		Monitoring	Period	Compliance Status	: Compliance Status:
		11/1/2018 -	11/30/2018		N
		12/1/2018 -	12/31/2018		N
		1/1/2019 - 1	/31/2019		N
		2/1/2019 - 2	/28/2019		N
		3/1/2019 - 3	/31/2019		
		4/1/2019 - 4	/30/2019		

		4/1/2013 - 4/30/2013		
Analyte	Monitoring Requirement (Summary Type) Opera		t	Samples Req/Month
рН	Entry Point pH Monitoring (PHRD)	Maximum: 8.3	PH	Daily
<b>Start Date:</b> 7/1/2018		<b>Compliance History:</b>	Operating Limit	Monitoring
		<b>Monitoring Period</b>	Compliance Statu	S: Compliance Status:
		11/1/2018 - 11/30/2018		N
		12/1/2018 - 12/31/2018		N
		1/1/2019 - 1/31/2019		N
		2/1/2019 - 2/28/2019		N
		3/1/2019 - 3/31/2019		

## **Other Compliance Schedules**

4/1/2019 - 4/30/2019

Compliance Schedule Activity	Due Date	Achieved Date	
CCTS 6: PWS MONITOR AFTER OCCT INSTALL			
CCTS 1: PWS TO RECOMMEND OCCT	12/31/2018	3/20/2018	
SWTS 1: PWS TO RECOMMEND SOWT	12/31/2018		
CROSS CONNECTION EXEMPTION	3/1/2019		
SWTS 2: DWS REVIEW & APPROVAL OF SOWT	6/30/2019		
CCTS 2: DWS REVIEW & APPROVAL OF OCCT	6/30/2020	6/20/2018	

Public Notification Requirements								
	Compliance	Notice	Public No	<u>otification</u>	PN Certification			
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received		

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# Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT0480062	CRYSTAL LAKE SCHOOL				NTNC	275	L	GW
Local Address (	where applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
59 SOUTH ROA	D	Connections			2			

**Towns Served:** 

Public Notification Requirements								
	Compliance	Notice	Public Notification		PN Certification			
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received		
90th Percentile Copper Exceedance	1/1/18 - 6/30/18	2	8/22/2018		9/1/2018			
Water Quality Parameters M&R Violation	1/1/18 - 6/30/18	3	9/10/2019		9/20/2019			
Water Quality Parameters - Basic M&R Violation	1/1/18 - 6/30/18	3	9/10/2019		9/20/2019			

	Water	System Facili	ity and Sampling Po	oint In	ventor	У		
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stag WQP 2 DB
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ			
		CLS001	NURSE'S FRONT SINK	Α	Υ	N		
		CLS002	NURSE'S BACK SINK	Α	Υ	N		
		CLS003	KITCHEN PREP SINK L	Α	Υ	N		
		CLS004	FOUNTAIN NEAR CAFE	Α		N		
		CLS005	STAFF LOUNGE	Α	Υ	N		
		CLS006	FOUNTAIN ROOM # 157	Α	Υ	N		
		CLS007	FOUNTAIN ROOM # 153	Α	Υ	N		
		CLS008	FOUNTAIN OUTSIDE 153	Α		N		
		CLS009	CAFÉ WATER FOUNTAIN	Α		N		
		CLS010	GYM WATER FOUNTAIN	Α		N		
		CLS011	ROOM 168 FOUNTAIN	Α		N		
		CLS012	ROOM 180 FOUNTAIN	Α		N		
		CLS013	ROOM 160 FOUNTAIN	Α		N		
		CLS014	FOUNTAIN NEAR NURSE	Α		N		
		CLS015	FOUNTAIN ACROSS 157	Α		N		
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
		MW001	NURSES OFFICE	1	Υ			
		MW002	KITCHEN	1	Υ			
		MW003	BOYS LAV	1	Υ			
		MW004	BOYS LOCKER RM	1	Υ			
		MW005	GIRLS LOCKER RM	1	Υ			
		MW006	CLASS ROOM #3	1	Υ			
		MW007	CLASS ROOM #7	1	Υ			
		MW008	CLASS ROOM #8	1	Υ			
		MW009	CLASS ROOM #9	1	Υ			
		MW010	CLASS ROOM #10	1	Υ			
		UPSTREAM	WITHIN 5 SERVICE CON	Α				
00701	ENTRY POINT - WELLS 1, 2, & 3	3	EP - WELLS 1, 2, & 3	Α				
53968	WEST WELL 2	2	WEST WELL 2	Α				
53970	EAST WELL 3	2	EAST WELL 3	Α				

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	Connecticut Department of Water Quality Monit				_			1		
	water Quality Monit	oring am	u Con	ıhı	lance s	cneuui	.e			
PWS ID	PWS ID PWS Name					Population	Owner Type	Pri	Primary Source	
CT0480062	CRYSTAL LAKE SCHOOL				NTNC	275	L		GW	
Local Address (	Local Address (where applicable) Service Resid					al Industri	ial Combined		Agricultural	
59 SOUTH ROA	59 SOUTH ROAD Connections									

	Water System Facility and Sampling Point Inventory											
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR			
53972	TREATMENT PLANT - WELLS 2 & 3											
53975	ATMOSPHERIC TANK											
53977	PRESSURE TANK		·	·	· ·	<u>'</u>	<u>'</u>		<u>'</u>			
53979	PUMP STATION											

Water System Facility:	TREATMENT PLANT - WELLS 2 & 3	(WSF ID: 53972)	
Facility Classification:			Certification
Operator Name	Operator Type	Certification(s)	Expiration
LAFRAMBOISE, PAUL F.	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	9/30/2021
		WATER TREATMENT PLANT OPERATOR - CLASS II	9/30/2021

**Contact Information** 

**Certified Operator Information** 

		•	micaet IIII	or mation					
			Organization	1		Job Title			
Dr. Scott Nicol Ellington Public Schools						Superinten	dent		
e One		ess Line Two			City	State	Zip Code		
et P.O. Box 179 Ellington CT				06029					
Extension	Fax	Мо	bile Phone	Emergency Phone	Email Address				
117	860-896-2	312	snicol@ellingtonschools.net						
gal Contact		·							
			Organization			Job Title			
lez			Ellington Pul	blic Schools		Director, Fa	cilities		
e One		Mailing Addr	ess Line Two			City	State	Zip Code	
	•	47 Main Stre	et		Ellington	1	СТ	06029	
Extension	Fax	Mo	bile Phone	Emergency Phone	Email Ac	ldress			
860-324-5344 860-870-6250				860-324-5344	ez@ellingtonschools.net				
	Extension 117 gal Contact lez e One	Extension Fax 117 860-896-2  gal Contact  llez e One  Extension Fax	e One Mailing Addr P.O. Box 179  Extension Fax Mo 117 860-896-2312  gal Contact  lez e One Mailing Addr 47 Main Stre  Extension Fax Mo	Organization Ellington Pul e One Mailing Address Line Two P.O. Box 179  Extension Fax Mobile Phone 117 860-896-2312  gal Contact Organization lez Ellington Pul e One Mailing Address Line Two 47 Main Street  Extension Fax Mobile Phone	Extension Fax Mobile Phone Emergency Phone  117 860-896-2312  gal Contact  Organization  Ilez  Ellington Public Schools  e One  Mailing Address Line Two  47 Main Street  Extension Fax Mobile Phone Emergency Phone	Organization Ellington Public Schools e One Mailing Address Line Two P.O. Box 179 Ellington Extension Fax Mobile Phone Emergency Phone snicol@d gal Contact Organization Ellington Public Schools e One Mailing Address Line Two 47 Main Street Ellington Emergency Phone Emergency Phone Email Address Line Two Ellington Ellington Extension Emergency Phone Emergency Phone Email Address Line Two Ellington Extension Extension Emergency Phone Emergency Phone Email Address Line Two Ellington Extension Emergency Phone Emergency Phone Email Address Line Two Ellington Extension Emergency Phone Emergency Phone Email Address Line Two Ellington Extension Emergency Phone Emergency Phone Email Address Line Two Extension Extension Emergency Phone Email Address Line Two Ellington Emergency Phone Email Address Line Two Extension Extension Extension Emergency Phone Emergenc	Organization Ellington Public Schools Superintent e One Mailing Address Line Two P.O. Box 179 Ellington Extension Fax Mobile Phone Emergency Phone Email Address snicol@ellingtonschool gal Contact Organization Ellington Public Schools Director, Fate One Mailing Address Line Two 47 Main Street Ellington Extension Fax Mobile Phone Emergency Phone Email Address Ellington Emergency Phone Email Address	Organization Ellington Public Schools Superintendent  e One Mailing Address Line Two P.O. Box 179 Extension Fax Mobile Phone Emergency Phone Email Address snicol@ellingtonschools.net  gal Contact Organization Job Title  Organization Job Title  Blington CT  Ellington Public Schools Organization Fax Ellington Public Schools Organization Ellington Public Schools Ellington Public Schools Organization Ellington Public Schools Ellington Fax Mobile Phone Emergency Phone Email Address	

Contact Role(s): Administrative Contact

### Please note the following:

Towns Served:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0481033	BOLLES MOTORS INC				NTNC	40	Р	GW
Local Address (\	Service	Residential		Commercia	al Industri	al Combine	ed Agricultural	
84 WEST ROAD,	ELLINGTON	Connections			1			

Towns Served: ELLINGTON			1
Monitoring	Requirements		
Water System Facility: DISTRIBUTION (WSF ID: 00600)			
Asbestos (1094)		1 routine	(RT) per nine years
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
DISTRIBUTION (4)	1/1/18 - 12/31/26		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Lead And Copper (PBCU)		5 routine	(RT) per six months
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
DISTRIBUTION (4)	7/1/18 - 12/31/18		Complete
	1/1/19 - 6/30/19		Complete
	7/1/19 - 12/31/19		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
DISTRIBUTION (4)	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Inorganic Chemicals (IOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
ENTRY POINT (3)	1/1/18 - 12/31/20		Complete
	1/1/21 - 12/31/23		
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		
Pesticides, Herbicides and PCBs - Phase II & V (SOCS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
ENTRY POINT (3)	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Organic Chemicals (VOCS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	Collection Period	Compliance Status
ENTRY POINT (3)	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete

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	Conn	ecticut Dep	artment of	Public F	lealth	Dı	rinki	ng V	Vater	Se	ction	
		Water Qua	ality Monit	oring an	d Con	npl	iance	e Scl	nedul	e		
PWS ID	PWS Nar			<u> </u>		_	ssificatio			_	ner Type Pı	rimary Source
CT048103	BOLLES I	MOTORS INC					NTNC		40		Р	GW
Local Add	ress (where app	olicable)		Service	Residen	ntial	Comme	ercial	Industri	al	Combined	Agricultural
84 WEST I	ROAD, ELLINGTO	NC		Connections	•		1					
Towns Ser	rved: ELLINGTO	N										
			Monito	oring Req	uireme	nts						
Water Sy	stem Facility:	ENTRY POINT	(WSF ID: 00700)									
Organic	Chemicals (V	OCS)							1	. rou	tine (RT) <sub>I</sub>	oer quarter
Samj	pling Point (San	npling Point ID)			Monitori	ing F	Period	Colle	ction Pe	riod	Compli	ance Status
					4/1/19 -	- 6/3	0/19					
					7/1/19 -	- 9/3	0/19					
			Other Co	ompliance	Sched	dule	es					
Complian	ce Schedule Act	ivity				Due	Date		Achie	ved	Date	
SUBMIT L	EAD CONSUMEI	R NOTICE CERTIFIC	ATE		3	3/31,	/2019					
SUBMIT L	EAD CONSUMEI	R NOTICE CERTIFIC	ATE		9	9/28,	/2019					
		Water	System Facili	ty and Sa	mpling	Po	int In	vent	ory			
Water								Total		and		
System	Water System	Facility	Sampling Point		int		(	Colifor				Stage
Facility ID			ID	Description			Status	Rule			Asbestos	WQP 2 DBPR
00600	DISTRIBUTION		004	MENS ROOM ROOM	1 SHOW		Α	Y	2	=		
			4	DISTRIBUTIO	N		Α	Υ				
			DOWN STREAM	MENS ROOM	1 SERVICE	D	Α	Υ	2	<u>-</u>		
			DOWNSTREAM	5 SERVICE CO	ONNECTIO	N	Α	Υ				
			UP STREAM	WATER COO RM	LER SHOW	V	Α	Υ	2	-		
			UPSTREAM	5 SERVICE CO	ONNECTIO	N	Α	Υ				
00700	ENTRY POINT		3	ENTRY POIN	Γ		Α					
61078	WELL		2	WELL			Α					
			Certified	Operator	Inform	nati	ion					
Water Sy	stem Facility:	DISTRIBUTION	(WSF ID: 00600	)								
Facility Cl	assification:											Certification
Operator	Name		Operator Type	e C	ertificatio	on(s)						Expiration
MARTIN,	VALARIE		CHIEF OPERATO	OR S	MALL WA	TER	SYSTEM	OPERA	ATOR			9/30/2021
			Con	tact Infor	mation	1						

				71-	00.00,000.000,000					
MARTIN, VALARIE			CHIEF OPERA	ATOR	SMALL WATER SYS	MALL WATER SYSTEM OPERATOR				
			Co	ontact Inf	ormation					
Name				Organization	Organization Job Title					
Mr. Brian E. Bolles				Bolles Motors Inc General Manager						
Mailing Address Lin	ie One		Mailing Addr	ress Line Two			City		Zip Code	
84 West Road						Ellington	1	СТ	06029	
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Address				
860-875-2595	107	860-875-	3038			BollesM	com			
Contact Role(s): A	dministrative	Contact. Leg	al Contact. O	wner	<u>'</u>					

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	Connectic	ut Depa:	rtmen	t of Public	Healt	th Dr	inking	g Water	Section			
	Wat	ter Qual	ity Mo	onitoring a	nd Co	mpl	iance :	Schedu	le			
PWS ID P	WS Name					Clas	sification	Population	Owner Type	Primary Sour		
CT0481033 B	OLLES MOTORS	SINC					NTNC	40	Р	GW		
Local Address (wh	ocal Address (where applicable)					ential	Commerc	ial Industr	ial Combin	ed Agricultur		
84 WEST ROAD, EI	Connectio	ns		1								
Towns Served: ELI	INGTON			,	1				1			
Name				Organization				Job Title				
Ms. Darlene Russ	ell			Bolles Motors	Inc			Office Ma	anager			
Mailing Address Li	ne One		Mailing A	ddress Line Two				City	State	Zip Code		
84 West Road							Ellingt	on	СТ	06029		
Business Phone	Extension	Fax		Mobile Phone	Emerger	ncy Pho	ne Email	Address	'			
860-875-2595	105	860-875-3	-875-3038 860-306-2426 bollesmotorsgm@bollesmotors.com									
Contact Role(s): I	Legal Contact											

### Please note the following:

- The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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End of schedule